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DATE: May 10, 2006

PTO IDENTIFIER: Application Number 10/663555-Conf. #2589
Patent Number

Inventor: Bruce Shull et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: PATTON BOGGS LLP

Carl A. Forest

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Attorney Dkt. #: 023134.0107PTUS (Formerly 1718-0004)

PAGES (Including Cover Sheet): 5

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Revocation of POA With New POA and Change of Correspondence Address (1 page)
Statement By Assignee to Establish Ownership (37 CFR 3.73(b)) (1 page)
POA and Correspondence Address Indication Form (1 page)

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PTO/SB/97 (09-04)

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Application No. (if known): 10/663555

Attorney Docket No.: 023134.0107PTUS
(Formerly 1718-0004)

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2. Statement By Assignee to Establish Ownership (37 CFR 3.73(b)) (1 page)
3. POA and Correspondence Address Indication Form (1 page)

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PTO/SB/81 (04-05)

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number		10/663555-Conf. #2589	
	Filing Date		September 16, 2003	
	First Named Inventor		Bruce Shull	
	Title		TEST STRIP AND METHOD FOR DETERMINING LDL CHOLESTEROL, etc.	
	Art Unit		1655	
	Examiner Name		A. P. Wood	
		Attorney Docket No.		023134.0107PTUS (Formerly 1718-0004)

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Date
Name	Telephone
Title and Company	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

PTO/SB/96 (12-05)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Polymer Technology Systems, Inc.

Application No./Patent

No./Control No.:

10/663555

Filed/Issue Date:

September 16, 2003Entitled: TEST STRIP AND METHOD FOR DETERMINING LDL CHOLESTEROL CONCENTRATION
FROM WHOLE BLOODPolymer Technology Systems, Inc.
(Name of Assignee), a Corporation
(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
(The extent (by percentage) of its ownership interest is _____ %)

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 014888, Frame 0759, or a true copy of the original assignment is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

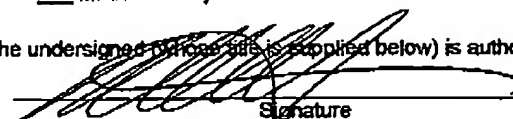
1. From: _____ To: _____
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☐ Additional documents in the chain of title are listed on a supplemental sheet.

As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

(NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08)

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.


SignatureRobert Huffstodt

Printed or Typed Name

Authorized Signer for Assignee

Title


Date
(317) 870-5610
Telephone Number

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PTO/SB/82 (04-05)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/663555-Conf. #2589		
	Filing Date	September 16, 2003		
	First Named Inventor	Bruce Shull		
	Art Unit	1655		
	Examiner Name	A. P. Wood		
	Attorney Docket Number	023134.0107PTUS (Formerly 1718-0004)		

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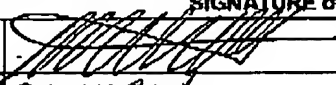
☒ A Power of Attorney is submitted herewith.
OR
☐ I hereby appoint the practitioners associated with the Customer Number:

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☐ The address associated with Customer Number:
OR
☐ Firm or Individual Name:

Address:
City:
Country: State: Zip:
Telephone: Email:

I am the:
☐ Applicant/Inventor.
☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature: 
Name: Robert Huffstodt
Date: 5/5/06 Telephone: (317) 870-5610

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